



WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.340 Inmate Health Services and Continuity of Care

Page 1 of 5

Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4346-R; 4-4347-R; 4-4348-R; 4-4349-R; 4-4389-R NCCHC Standard(s): P-D-05; P-E-08 P-E-07; P-E-10; P-E-12; P-E-13		Effective Date: July 30, 2015 Revision/Review History: 07/15/14 07/15/13 07/25/12 Summary of Revision/Review: Updates existing policy pursuant to annual review.
Cross Reference of Policy:		Supersedes Existing Policy :
Approved: <div style="display: flex; justify-content: space-between;"><div>R.O. Lampert Robert O. Lampert, Director</div><div>7-23-15 Date</div></div>		

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. ATTACHMENTS – None Noted
2. OTHER – None Noted



I. PURPOSE

- A. **Continuum of Health Care.** The purpose of this policy and procedure is to provide Wyoming Department of Corrections (WDOC) inmates with a continuum of health care services, to include emergency services, provider's clinics, sick call, and community health care providers.

II. POLICY

- A. **General Policy.** It is the policy of the Wyoming Department of Corrections that inmates have the opportunity daily to request medical, dental or mental health services. In order to facilitate the continuity of care, these requests shall be documented and reviewed for the immediacy of need and the intervention required.

III. DEFINITIONS

- A. **Clinical Services:** *(For this policy only.)* Interaction between patient and health care provider involving treatment and or exchange of confidential health information.
- B. **Qualified Health Care Professionals:** Physicians, physician assistants, nurses, nurse practitioners, dentist, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- C. **Sick Call:** Evaluation and treatment of ambulatory patients in a clinical setting.

IV. PROCEDURE

- A. **Request for Health Services.** There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health-trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five (5) days a week and are performed by a health care practitioner or other qualified health care professional. (ACA 4-4346 Revised)
1. All inmates, regardless of housing assignment may request and have access to health services.



- B. Referrals.** Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. (ACA 4-4348 Revised)
- 1. Transportation.** A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address prioritization of medical need, urgency, use of medical escort to accompany security staff if indicated, and transfer of medical information. The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the facility, is the joint responsibility of the facility or program administrator and the health services administrator. (ACA 4-4349 Revised)
- C. Emergency Response.** Designated correctional and all health care staff are trained to respond to health-related situations within a four (4) minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: (ACA 4-4389 Revised)
1. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations;
 2. Administration of basic first aid;
 3. Certification in CPR in accordance with recommendations of the certifying health organization;
 4. Methods of obtaining assistance;
 5. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
 6. Procedures for patient transfers to appropriate medical facilities or health care providers; and
 7. Suicide intervention.
- D. Continuity of Care**



1. Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Offender health care records should be reviewed by the facility's qualified health care professional upon arrival from outside health care entities including those from inside the correctional system. (ACA 4-4347 Revised)
 - i. This standard focuses directly on the treating clinician's professional responsibility to ensure continuity from admission to discharge and covers all areas of health care, including but not limited to the following:
 - a. Receiving screening, which shall be conducted at intake;
 - b. Transfer screening when inmates are moved within the system;
 - c. Initial health assessment;
 - d. Mental Health screening and evaluation;
 - e. Medications;
 - f. Oral care;
 - g. Segregation reviews;
 - h. Chronic disease; and
 - i. Special needs.
 2. When health care is transferred to the community, appropriate information shall be shared with the new provider in accordance with consent requirement.
 3. The contracted provider will participate in discharge planning which refers to the process of supplying sufficient medication/prescriptions and arranges necessary follow-up prior to an inmate's release. (P-E-12)
- E. Sick Calls and Provider's Clinics.** Qualified health care professionals shall conduct sick call and providers' clinics on a timely basis and in a clinical setting.



WYOMING DEPARTMENT OF CORRECTIONS	Policy and Procedure #4.340	Page 5 of 5
		Inmate Health Services and Continuity of Care

1. During sick call, qualified health care professionals make timely assessments in a clinical setting.
2. Inmates, regardless of housing assignment, shall have access to regularly scheduled sick call.
3. Based on physician-approved evaluation tools, qualified health care professionals shall schedule inmates, when indicated, for sick call or the next available provider's clinic.
4. Based on physician-approved evaluation tools, qualified health care professionals shall provide treatment according to clinical priorities or, when indicated, schedule patients for the next available provider's clinic.
5. The frequency and duration of sick call shall be sufficient to meet the health needs of the inmate population and shall be conducted at a minimum of five (5) days per week.

V. TRAINING POINTS

- A. What is the response time that designated correctional and all health care staff is trained to respond to health related situations?
- B. Emergency responders should be trained in what areas of care?
- C. What healthcare areas should be covered in terms of continuity of care?